AFN #2011178272 Recorded 05/18/2011 at 11:32 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy 0. Todd Skamania County, WA

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma WA 98411-5520

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	RONALD RALPH OI	LSEN		, also known as or
doing business as:				,
				,
	SSN: XXX-XX-241	4 [OOB: 02/08/1964	
Grantee or Creditor	: The Department	of Social and Heal	th Services (DSHS).	- 1
Legal Description:	\sim),	·C	13
Assessor's Property	/ Tax Parcel Accour	nt Number:	\sim	<u> </u>
DSHS claims that the	ne debtor named ab	ove owes past-du	nts and accrue to the ue child support. The o in SKAMANIA	Division of Child
X All real and per	sonal property of the	e debtor named a	bove except Tribal Tr	rust property.
☐ Only the proper	ty described in the	Legal Description	section above.	
May 16, 2011		J DEMICH		
Date		Authorized Represent DIVISION OF CHILD		
(360) 696-6100		J DEMICH _		
Telephone Number		Person to Contact		- · · ·
	·		00014622720044	4251300000000152502

In reply, refer to:

Case #: 1462272 2138693

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3520:05162011/ 1462272 / 3520